## BEST AVAILABLE C.

| PATENT APPLICATION FEE DETERMINATION RECORD |
|---|
| Effective October 1, 2003                   |

Application or Docket Number

| CLAIMS AS FILED - PART I  |  |   |              |                               |                              |  |         | SMALL ENTITY        |                        | OTHER THAN OR SMALL ENTITY |                     |                        |  |
|---|--|---|--------------|-------------------------------|------------------------------|--|---------|---------------------|------------------------|----------------------------|---------------------|------------------------|--|
|   |  |   | (Column 1)   |                               | (Column 2)                   |  | ]       | TYPE                |                        | i i                        |                     | FEE                    |  |
| TOTAL CLAIMS  |  |   |              |                               | <b> </b>                     |  |         | RATE                | FEE                    |                            | RATE                |                        |  |
| FOR   |  |   | NUMBER FILED |                               | NUMBER EXTRA                 |  |         | BASIC FEE           | 385.00                 | OR                         | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   |              | ninus 20=                     |                              |  |         | XS 9=               |                        | OR                         | XS18=               |                        |  |
| INDEPENDENT CLAIMS minus  |  |   |              |                               | s 3 =                        |  |         | X43=                |                        | OR                         | X86=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |              |                               |                              |  |         | +145=               |                        | OR                         | +290=               |                        |  |
| • If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |              |                               |                              |  |         | JATOTAL             |                        | OR                         | TOTAL.              |                        |  |
| CLAIMS AS AMENDED - PA  |  |   |              |                               |                              |  |         | 04444               | AUTUTY                 |                            | OTHER<br>SMALL      |                        |  |
|   |  |   | (Colur       |                               | (Column 3)                   | 1 1  | SMALL E |                     | OR<br>I                | SMACE                      |                     |                        |  |
| AMENDMENT A   | 8/16/4   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA                             |         | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 14  | Minus        |                               | 20                           | =  |         | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
|   | Independent                                    | . 4   | Minus        | ··· 3                         |                              | = /  |         | X43=                | 43,00                  | OR                         | X86=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                               |                              |  |         | +145= "             |                        | OR                         | +290=               |                        |  |
|   |  |   |              |                               |                              |  |         |                     |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                               |                              |  |         |                     |                        |                            |                     |                        |  |
| AMENDMENT B   | i i <u>.</u> ,                                 | CLAIMS<br>REMAINING<br>AFTER                |              | HIGH<br>NUM<br>PREVI          | IEST<br>BER                  | PRESENT<br>EXTRA                             |         | RATE                | ADDI-<br>TIONAL        | i                          | RATE                | ADDI-<br>TIONAL        |  |
|   | :  | - AMENDMENT                                 |              | PAID                          | FOR                          | ļ  | -       |                     | FEE                    |                            |                     | FEE                    |  |
|   | Total  | *   | Minus        | **                            |                              | ±  |         | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
|   | Independent -                                  | l   | Minus        | ***                           | F 6/ A/I/                    | <u>                                     </u> | -       | X43=                | -                      | OR                         | X86=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                               |                              |  | ل       | +145=               | , <u>.</u> .           | OR                         | +290=               |                        |  |
|   |  |   |              |                               |                              |  |         | TOTAL<br>ADDIT, FEE |                        | OR                         | TOTAL               |                        |  |
|   | 7001.166                                       |   |              |                               |                              |  |         |                     |                        |                            |                     |                        |  |
| AMENDMENT C   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | HIGH<br>NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                             |         | RATE                | ADDI-<br>TIONAL<br>FEE | ]                          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus        | ••                            |                              | =  |         | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
|   | Independent                                    |   | Minus        | ***                           |                              | =  |         | X43=                |                        | OR                         | X86=                |                        |  |
| 4   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                               |                              |  | ٔ ل     | .145                |                        | 1                          |                     |                        |  |
| TOTAL   |  |   |              |                               |                              |  |         |                     |                        |                            |                     |                        |  |
| TII the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."  ADDIT FEE   |  |   |              |                               |                              |  |         |                     |                        |                            |                     |                        |  |
| ***If The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box" in column 1. |  |   |              |                               |                              |  |         |                     |                        |                            |                     |                        |  |